

About Your VA Clinic Visits 1999

Please read each question and fill in the circle that best describes your experience.
Use blue or black ink pen, or pencil.

ABOUT YOUR MOST RECENT VISIT

We realize that you may receive care at more than one VA location. However, it is important that you answer the questions in this survey based on your most recent VA clinic visit at the facility named at the bottom of the cover letter. Thank you very much!

GETTING AN APPOINTMENT

1. What was the reason for your most recent clinic visit?
(You may choose more than one)
 - ☐ Routine Physical
 - ☐ Routine follow-up
 - ☐ Flare-up of a long term problem
 - ☐ Get help with a new problem
 - ☐ Other
2. What happened when you called for an appointment?
(choose all that apply)
 - ☐ The phone rang many times before it was answered
 - ☐ I talked to several different people before talking to the right person
 - ☐ I left a message and no one called me back
 - ☐ I was put on hold too long
 - ☐ I got a busy signal
 - ☐ I was disconnected
 - ☐ None of the above
 - ☐ I did not make my appointment by phone
3. Were you able to get this clinic appointment as soon as you wanted?
 - ☐ Yes
 - ☐ No
4. How would you rate the courtesy of the person who made your appointment?
 - ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very good
 - ☐ Excellent

ARRIVAL AND REGISTRATION

5. On the day of your appointment, how long did you wait in line to check in?
 - ☐ No wait
 - ☐ 1 to 15 minutes
 - ☐ 16 to 30 minutes
 - ☐ Greater than 30 minutes
6. How long after the time when your appointment was scheduled to begin did you wait to be seen?
 - ☐ No wait
 - ☐ 1 to 10 minutes
 - ☐ 11 to 20 minutes
 - ☐ 21 to 30 minutes
 - ☐ 31 to 60 minutes
 - ☐ More than 1 hour
 - ☐ Can't remember
7. Did you have to wait too long in the waiting room?
 - ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No
8. The word "provider" can refer to a doctor, nurse, or physician assistant. Was the provider you saw during your most recent visit your regular provider -- the one you usually see when you come to the VA?
 - ☐ Yes
 - ☐ No
 - ☐ Do not have a regular VA provider
9. When you saw the provider, did he or she give you a chance to explain the reasons for your visit?
 - ☐ Yes, completely
 - ☐ Yes, somewhat
 - ☐ No
 - ☐ Provider already knew

IN THE PROVIDER'S OFFICE

PLEASE OPEN

PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

PRIVACY ACT STATEMENT

The information on this survey is requested by the VHA to assess veteran's perception of satisfaction with VA Healthcare. The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701 as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b)). Disclosure of information involves releases of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Participation is voluntary; failure to furnish the requested information will have no adverse effect on any VA benefit to which you may be entitled.

10. Did the provider listen to what you had to say?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Had nothing to discuss

11. Were you involved in decisions about your care as much as you wanted?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

12. Was the provider willing to talk to your family or friends about your health or treatment?

- ☐ Yes
- ☐ No
- ☐ No family/friends involved

13. Did the provider ask how your family or living situation might affect your health?

- ☐ Yes
- ☐ No
- ☐ Not necessary

14. Did you have concerns that you wanted to discuss but did not?

- ☐ Yes
- ☐ No

15. If you and the provider did not talk about your concerns, was it because...

- ☐ You were embarrassed about bringing them up
- ☐ You didn't have time to bring them up
- ☐ You forgot to bring them up
- ☐ Provider didn't have time to listen
- ☐ Provider didn't ask about your concerns
- ☐ Too many interruptions/no privacy
- ☐ Did not have concerns

16. Did you have confidence and trust in the provider you saw?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No

17. Did you have trouble understanding the provider because of a language problem?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

18. When you asked questions, did you get answers you could understand?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Didn't ask any questions

19. Did the provider explain why you needed tests in a way that you could understand?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Didn't need any tests

20. Did someone tell you *how* you would find out the results of your tests?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Didn't need any tests

21. Did someone tell you *when* you would find out the results of your tests?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Didn't need any tests

22. After tests were done, did the provider explain the results in a way that you could understand?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Didn't need an explanation
- ☐ Didn't get my test results yet
- ☐ Didn't need any tests

23. Did someone explain the purpose of any prescribed medicines in a way you could understand?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Already knew
- ☐ No medicines prescribed

24. Did someone tell you about side effects of your medicines in a way you could understand?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Already knew
- ☐ No medicines prescribed

PLEASE CONTINUE

25. Did the provider explain what to do if problems or symptoms continued, got worse, or came back?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Already knew
- ☐ No problems or symptoms

26. Did you get as much information about your condition and/or treatment as you wanted from the provider?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No

27. Did you spend as much time with your provider as you wanted?

- ☐ Yes
- ☐ No

28. Overall, how would you rate the courtesy of your provider?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

AFTER YOUR VISIT

29. If you needed another visit with *this provider*, did the staff do everything they could to make the necessary arrangements?

- ☐ Yes
- ☐ No
- ☐ No other visit was needed
- ☐ Not sure

30. If you were referred to *another provider*, did the staff do everything they could to make the necessary arrangements?

- ☐ Yes
- ☐ No
- ☐ No referral was needed
- ☐ Not sure

31. Did you know who to call if you needed help or had more questions after you left your appointment?

- ☐ Yes
- ☐ No
- ☐ Not sure

OVERALL IMPRESSIONS OF YOUR MOST RECENT CLINIC VISIT

32. Was the main reason you came for this visit addressed to your satisfaction?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No

33. How well organized was the clinic you visited?

- ☐ Not at all organized
- ☐ Somewhat organized
- ☐ Very organized

34. Overall, how would you rate the quality of this visit?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

ABOUT YOUR CLINIC VISITS DURING THE PAST TWO MONTHS

Now please think about all of the care you have received in the past two months at a VA clinic, a VA doctor or nurse's office, a VA specialist's office, a VA emergency room, or a VA pharmacy.

35. Is there one provider or team in charge of your VA care?

- ☐ Yes
- ☐ No
- ☐ Not sure

These next questions are about getting to see a specialist provider other than your usual (primary care) provider. If you had more than one specialist visit during the past two months, please tell us about the most recent one.

36. Please think about your most recent specialist visit during the past two months. What kind of specialist visit was it?

- ☐ First time visit with this type of specialist
- ☐ Repeat visit with this type of specialist
- ☐ Didn't have a specialist visit in the past two months

PLEASE CONTINUE

37. How long did you wait between the time you were told you needed to see a specialist and the day you actually saw the specialist?

- ☐ Same day
- ☐ 1 to 14 days
- ☐ 15 to 30 days
- ☐ 31 to 60 days (1 to 2 months)
- ☐ 61 to 120 days (3 to 4 months)
- ☐ More than 120 days (over 4 months)
- ☐ Didn't have a specialist visit in the past two months

38. How long do you think it is reasonable to wait to see this type of specialist?

- ☐ Same day
- ☐ 1 to 14 days
- ☐ 15 to 30 days
- ☐ 31 to 60 days (1 to 2 months)
- ☐ 61 to 120 days (3 to 4 months)
- ☐ More than 120 days (over 4 months)

39. Were you given enough information about why you were to see your VA specialist?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Didn't have a specialist visit in the past two months

40. Did your VA specialist have the information he or she needed from your medical records?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Didn't have a specialist visit in the past two months

41. Overall, how would you rate the quality of your most recent specialist visit?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent
- ☐ Didn't have a specialist visit in the past two months

These next questions are about all of the VA medical care you received during the past two months.

42. Were the providers who cared for you familiar with your most recent medical history?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

43. Were there times when one of your providers did not know about tests you had or their results?

- ☐ Yes
- ☐ No
- ☐ No tests in the past two months

44. Were there times when one of your providers did not know about changes in your treatment that another doctor recommended?

- ☐ Yes
- ☐ No
- ☐ No changes in the past two months

45. Were there times when you were confused because different providers told you different things?

- ☐ Yes
- ☐ No

46. Did you know what the next step in your care would be?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Further care unnecessary at this time

47. Did you know who to ask when you had questions about your health care?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Didn't have any questions

48. If there was a time in the past two months when you needed medical advice or help right away; how long did it take to get the help you needed?

- ☐ No wait
- ☐ Within 1 hour
- ☐ More than 1 hour, but within 24 hours
- ☐ Greater than 24 hours
- ☐ Never got the help I needed
- ☐ Didn't need help

49. Do you think your problem should have been handled sooner?

- ☐ Yes
- ☐ No
- ☐ Didn't need help

USING THE VA PHARMACY DURING THE PAST TWO MONTHS

50. How long did you usually wait for your prescriptions to be filled at the VA pharmacy?

- ☐ 1 to 10 minutes
- ☐ 11 to 20 minutes
- ☐ 21 to 30 minutes
- ☐ 31 to 40 minutes
- ☐ More than 40 minutes
- ☐ Did not wait at the VA pharmacy; I had my prescriptions mailed to me
- ☐ Didn't use the VA pharmacy during the past two months

51. What do you think is a reasonable amount of time to wait for a prescription to be filled at the VA pharmacy?

- ☐ 10 minutes or less
- ☐ 20 minutes or less
- ☐ 30 minutes or less
- ☐ 40 minutes or less
- ☐ More than 40 minutes

52. Overall, how would you rate VA pharmacy services during the past two months?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent
- ☐ Didn't use the VA pharmacy services in the past two months

Overall Impression Of Your Clinic Care In The Past Two Months

Please think about all of the care you have received in the past two months at a VA clinic, VA doctor or nurse's office, or a VA emergency room.

53. Overall, how would you rate the quality of care you received during the past two months?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

54. Have you ever complained to someone about the care you got during the past two months? (You may choose more than one.)

- ☐ Yes, to a patient representative
- ☐ Yes, to some other official in the medical center
- ☐ Yes, to an official outside the medical center
- ☐ Yes, to a family member or friend
- ☐ Had a complaint but did not report it
- ☐ Had no complaints

55. If you could have free care outside the VA, would you choose to come here again?

- ☐ Definitely would not
- ☐ Probably would not
- ☐ Probably would
- ☐ Definitely would

56. VA medical care is as good as that provided anywhere.

- ☐ Never or almost never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always or almost always

57. All things considered, how satisfied are you with your health care in the VA?

- ☐ Completely satisfied
- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Completely dissatisfied

The following questions will help us better understand the quality of care given to patients with different needs.

58. What is the last year of school you have completed?

- ☐ Did not complete high school
- ☐ High school graduate or GED
- ☐ Some college
- ☐ College graduate or beyond

59. Overall, how would you rate your health?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

60. Who helps care for you at home?

- ☐ Husband or wife
- ☐ Other relative or friend
- ☐ Visiting nurse
- ☐ Need help but have no one
- ☐ Didn't need help

61. Has your provider or anyone on your health care team discussed home care needs with you?

- ☐ Yes
- ☐ No
- ☐ Don't need help

COMMENTS

62. If you could change one thing about your VA healthcare during the past two months, what would it be?

Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox.

**Your answers are important.
Thank you for completing this questionnaire.**

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